

Filipino Cursillo Community Cursillo Weekend Medical Form

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| Cursillo No. | |
| Date: | |
| Location: | |

AUTHORIZATION FOR MEDICAL TREATMENT

To Whom It May Concern:

This will authorize the medical officers of Filipino Cursillo Community to give first aid medical assistance on my behalf. If needed, I also give my consent to bring me to the nearest hospital and notify my emergency contact person.

Below is my medical insurance and emergency contact information:

| | |
|--------------------------|--|
| Medical Insurance | |
| Medical Insurance Number | |
| Doctor's Name | |
| Doctor's Telephone No. | |
| Preferred Hospital | |
| | |
| Emergency Contact Person | |
| Relationship | |
| Telephone No. | |

Are you currently taking any medications? Yes No - If yes, please specify all:

Do you have any medical or physical needs? Yes No - If yes, please specify:

Do you have any Allergies? Yes No - If yes, please specify:

Do you have any special dietary needs? Yes No - If yes, please specify:

Name : _____ Date : _____

Signature : _____

COMPLETE WAIVER AND RELEASE FROM LIABILITY ON THE BACKSIDE OF THIS FORM.

WAIVER AND RELEASE FROM LIABILITY

I _____, take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Filipino Cursillo Weekend activities.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability.

Signature: _____ Date: _____

Note: This form should be forwarded to the Primary Medical Officer for safekeeping during the weekend.